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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/796,275
	Filing Date	March 10, 2004
	First Named Inventor	Geza OLAH
	Art Unit	2614
	Examiner Name	M. RAMAKRISHNAIAH
	Attorney Docket Number	449122068200

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record.
- ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☒ the attorneys/agents associated with Customer Number

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are:

Attorneys of record have been discharged by the client in accordance with 37 CFR § 10.40(b)4.

CORRESPONDENCE ADDRESS

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☒ Change the correspondence address and direct all future correspondence to:
- ☐ The address associated with Customer Number:
- OR

<input checked="" type="checkbox"/> Firm or Individual Name	Kevin Spivak, Bell Boyd & Lloyd LLC		
Address	70 West Madison Street, Suite 3100		
City	Chicago	State	Illinois
Country	USA		
Telephone	202-955-7007	Email	kspivak@bellboyd.com
Signature	<i>Deborah S. Gladstein</i>		
Name	Deborah S. Gladstein	Registration No.	43,636
Date	May 17, 2007	Telephone No.	(703) 760-7753

NOTE: Withdrawals effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.